



# STATE OF IOWA

CHESTER J. CULVER  
GOVERNOR

PATTY JUDGE  
LT. GOVERNOR

IOWA DENTAL BOARD  
CONSTANCE L. PRICE, EXECUTIVE DIRECTOR

Enclosed is the application for dental assistant trainee status. Complete the trainee application and submit to the office of the Iowa Dental Board within seven days of employment. The fee for trainee status is \$25. **This fee is non-refundable.**

Please note that to make application, you must be at least 17 years of age and a high school graduate. If you are a high school student enrolled in a cooperative education or work-study program through an Iowa high school, please contact the Board office for the appropriate trainee application form. ***Dental assistant trainee status requires that you train and work under the personal supervision of a licensed dentist. Board rules state "personal supervision means the dentist is physically present in the treatment room to oversee and direct the services of the dental assistant."***

Upon receipt of the trainee application, the Board will acknowledge your status as a dental assistant trainee. You will be required, within twelve months, to successfully complete a Board-approved course of study and examination in the areas of infection control, hazardous materials and jurisprudence. If you have taken the DANB CDA or ICE exam after June 1991, you will not need to pass a separate state examination in infection control and hazardous materials, only the state exam in jurisprudence. The examination is available at a number of local community colleges. Please use the enclosed list of college testing sites to schedule your examination.

While trainee status is valid for practice for a maximum of twelve months, you are encouraged to complete the requirements for registration as soon as possible. This will allow you time to complete remedial education, if necessary. Applying for registration well in advance of your expiration date also gives you extra time to complete the application for registration should your application be incomplete when submitted to the Board. Please note that you are eligible to apply for registration after you have at least six months of experience as a dental assistant. ***Once you are fully registered, you no longer have to work under the personal supervision of a dentist.***

Nurses licensed by the Iowa Board of Nursing are eligible to apply for trainee status to complete training in dental radiography. A licensed nurse should submit proof of current licensure with the Iowa Board of Nursing with the application for trainee status. Training in dental radiography must occur under the personal supervision of a licensed dentist.

The Board has approved an on-the-job training manual. The trainee manual is available through the Board office for \$70. To order a manual, mark the appropriate box on page 2 of the dental assistant trainee application and submit the correct fee. You can also submit a separate request in writing along with the \$70 fee for each manual requested.

While on trainee status, you are also encouraged to train under the personal supervision of your employer dentist in the area of dental radiography. An on-the-job training manual in radiology is available as part of the Dental Assistant Trainee Manual. In addition to radiology training, you will also need to successfully complete an approved radiology exam to obtain your radiology qualification. If you

have taken the DANB CDA or radiation exam (after 1986), you will not need to pass a separate state exam in radiology. Dental assistants are encouraged to make every effort to obtain their radiology training and pass a radiology exam while on trainee status. *Be advised that if you do not train in dental radiography during this trainee status period, you will be unable to train on the job in dental radiography after you become registered. You must take a formal course of study from an accredited school for future qualification in dental radiography if you did not train in dental radiography while on dental assistant trainee status.*

***Be advised that the application for registration and radiography qualification asks about any medical conditions you have that might impair your ability to practice the profession and criminal history. If either of these situations applies to you, please notify the Board office as soon as possible. Contacting the Board office about either of these situations can avoid unnecessary delays at the time of registration. Delays could potentially prohibit you from working as a dental assistant if the Board has not issued registration to you prior to expiration of your dental assistant trainee status.***

If you have any questions, or need further assistance, please feel free to contact Janet Arjes at (515) 281-3248.

## Application for Dental Assistant Trainee Status

This form must be completed and returned to the Iowa Dental Board within seven days of the time the dental assistant trainee begins work. Include the application fee of \$25. ***The application fee is non-refundable.***

### IDENTIFYING INFORMATION

Full Legal Name: (First, Middle, Last)					
Other Last Names Used: (e.g. Maiden, other married names)				Email Address:	
Home Address:					
City:	County:	State:	Zip Code:		
Home Phone:	Home Fax:		Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/>		
Social Security Number:	<b>Privacy Act Notice:</b> Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 272J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.				
Date of Birth:	City of Birth:	State of Birth:	Country of Birth:		
Father's Full Name:		Mother's Full Name:			
Full Name & Address of Nearest Relative Not Living With You:					
Name of High School:	City:	State:	From: (Mo, Yr):	To: (Mo, Yr)	Diploma <input type="checkbox"/> GED <input type="checkbox"/>
Name of College:	City:	State:	From: (Mo, Yr):	To: (Mo, Yr)	Type of Degree:
Name of College:	City:	State:	From: (Mo, Yr):	To: (Mo, Yr)	Type of Degree:

Have you ever held a qualification in dental radiography issued by the Iowa Dental Board? ☐ Yes ☐ No. Qualification number: \_\_\_\_\_. *If yes, contact the Board office for information on reinstating your radiography qualification.* If you are not qualified and you want to take x-rays, study the Radiography Manual and train under supervision of your dentist while under trainee status. You will also need to complete a radiology exam (DANB or board radiology exam).

***If you are a licensed nurse in the state of Iowa, please attach proof of current licensure with the Iowa Board of Nursing.***  
License Number: \_\_\_\_\_

### EMPLOYER'S CERTIFICATION

Name of Employer:				Phone:	
Office Address: (where dental assistant will train)					
Street:		City/State:		Zip:	Fax:
Dentist Iowa License Number:			Date applicant began work as a dental assistant:		

Office Use Only:	Fee Paid:	Date Issued:	Trainee Number:	Expiration Date:
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## STATEMENT OF APPLICANT

I hereby certify that everything contained in this application is true and accurate to the best of my knowledge. I am a high school graduate and I am 17 years of age or older.

***I further state that I shall practice only under the personal supervision of the dentist listed on the front side of this application, who is licensed in this state. I understand that personal supervision means the dentist is physically present in the treatment room to oversee and direct the services of the dental assistant.*** I shall notify the Board within five days of the termination of such employment.

I understand that within twelve months of employment, I am required to successfully complete a Board-approved course of study and examinations in the areas of infection control, hazardous materials and jurisprudence. The course of study may be taken at a Board-approved postsecondary school or on the job, using curriculum approved by the Board for such purpose. Evidence of meeting the training and examination requirement shall be submitted within twelve months to the Board. I understand that in the event I am not registered by the expiration date of my trainee status, I will be prohibited from working as a dental assistant. Prior to expiration of my trainee status, I must apply to the Board to be reclassified as a registered dental assistant. Current certification in CPR (cardiopulmonary resuscitation) will be required at the time of registration.

I understand that while under trainee status I may also train in the area of dental radiology. I must also pass an approved radiology exam to obtain my radiology qualification. I understand that if I do not obtain my radiology training or pass a radiology exam while on trainee status, a formal course of study in radiology will be required to obtain my qualification in dental radiography at a later date.

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Date

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Signature of Dental Assistant Trainee

## STATEMENT OF EMPLOYER

I certify that the statements of the above applicant relating to employment of the trainee are true. ***I will also personally supervise the Dental Assistant Trainee and assist the trainee in learning the skills needed. I understand that personal supervision means the dentist is physically present in the treatment room to oversee and direct the services of the dental assistant.*** I also understand that within twelve months of employment, the dental assistant trainee shall successfully complete Board-approved education and examinations in the areas of infection control, hazardous materials, and jurisprudence. The trainee will also be required to show current certification in CPR at the time of registration. I understand that the dental assistant trainee will be prohibited from working as a dental assistant if the examinations are not successfully passed within twelve months and if the trainee has not become registered by the expiration date of trainee status. I will ensure the trainee has a current certificate of registration prior to working after expiration of trainee status. I also understand that the trainee is encouraged to train in dental radiology while on trainee status. If the assistant does not train in dental radiology and pass an approved radiology exam while on trainee status, I understand the trainee will be required to complete a formal course of study and examination in radiology to obtain qualification to take dental x-rays at a later date.

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Date

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Dentist's Signature

\_\_\_\_ Please send me the on-the-job Dental Assistant Training Manual. I have enclosed the fee of \$70 made payable to the Iowa Dental Board.

***Attach copies of your examination results if you have already completed the DANB CDA, ICE or Radiation Safety examinations.***

**Attach Recent Photograph Here**

## **Community College Testing Sites**

To schedule a dental, dental hygiene, or dental assistant examination, please contact the testing site of your choice at least 10 days prior to the exam date. A proctor fee will be paid directly to the community college testing site. To sit for the exam, you will need to take verification of trainee status, or pending application (dental & dental hygiene applicants), along with a photo ID. Please contact the board directly if there is not a site available in your area. The board will make every effort to accommodate you.

**ANKENY:** Des Moines Area Community College, Assessment Center Bldg. 6, 2006 S. Ankeny Blvd., Ankeny, IA 50023-8995, Cindy Keese or Lee Lyons, 1-800-362-2127 or 515-964-6595

**BETTENDORF:** Eastern Iowa Community College, Scott Community College Testing Center, 500 Belmont Road, Bettendorf, IA 52722-6804, Lisa Miller 1-888-336-3907 or 563-441-4012

**W. BURLINGTON:** Southeastern Community College, 1500 West Agency Road, West Burlington, IA 52655, Sandy Gray, 1-800-722-4692 or 319-208-5155

**CALMAR:** Northeast Iowa Community College, Highway 150 South, Box 400, Calmar, IA 52132, Mary Winters, 1-800-728 2256 or 563-562-3263 ext. 222

**CEDAR RAPIDS:** Kirkwood Community College, Test Center Room 139, 6301 Kirkwood Blvd. S.W., P.O. Box 2068, Cedar Rapids, IA 52406, Connie Rosene, 1-800-332-2055

**CENTERVILLE:** Indian Hills Community College, Success Center, 721 N. First St., Centerville, IA 52544, Bill Matkovich, 1-800-670-3641, ext. 2207, or 641-856-2143, ext. 2207

**CLINTON:** Clinton Community College, Testing Center, 1000 Lincoln Blvd, Clinton, IA 52732, Roxanne Otto, 1-563-244-7034

**COUNCIL BLUFFS:** Iowa Western Community College, 2700 College Rd., P.O. Box 4C, Council Bluffs, IA 51503, Donna Nelson, 1-800-432-5852 or 712-325-3278

**CRESTON:** Southwestern Community College, 1501 West Townline St., Creston, IA 50801, Marilyn Werner, 1-800-247-4023 ext. 330, or 641-782-1330

**DUBUQUE:** Northeast Iowa Community College, Town Clock Center for Professional Development, 680 Main St. Dubuque, IA 52001-6818, Dena Stolze, Health Program Manager, 563-557-8271 ext. 234. Fax: 563-557-0319

**EMMETSBURG:** Iowa Lakes Community College, Allied Health, 3200 College Drive, Emmetsburg, IA 50536, Rosemary Coleman, 800-242-5108, Ext. 5227 or 712-852-5227. Fax: 712-852-5324. E-mail: [rcoleman@iowalakes.edu](mailto:rcoleman@iowalakes.edu)

**FORT DODGE:** Iowa Central Community College, 330 Avenue M, Fort Dodge, IA 50501, Heather Lundeen, 515-574-1045, [lundberg@iowacentral.edu](mailto:lundberg@iowacentral.edu).

(See next page for additional testing sites.)

## **Community College Testing Sites**

**MARSHALLTOWN:** Iowa Valley Community College, 3702 South Center Street, Marshalltown, IA 50158, Jim Merritt 1-800-284-4823 or 641-752-4645 ext. 346

**MASON CITY:** North Iowa Area Community College, Student Learning Center, 500 College Drive, Mason City, IA 50401, Gary Show, 1-888-466-4222 ext. 4266 or 641-422-4266

**OTTUMWA:** Indian Hills Community College, 603 Indian Hills Dr., Bldg. 15, Ottumwa, IA 52501, Sheri Ziegler or Carla Beavers, 1-800-726-2585 ext. 5142, or 641-683-5142

**SHELDON:** Northwest Iowa Community College, 603 West Park, Sheldon, IA 51201, Marlys Schwebach, 1-800-352-4907 or 712-324-5061 ext. 118

**SIOUX CITY:** Western Iowa Tech Community College, Testing Center, 4647 Stone Ave., Building A, Sioux City, IA 51102-5199, 1-800-352-4649 or 712-274-6443

**WATERLOO:** Hawkeye Community College, Student Development Center, 1501 E. Orange Rd., P.O. Box 8015, Waterloo, IA 50704, Kelly Neuverth, 1-800-670-4769 or 319-296-4238

## Dental Assistant Registration Checklist – New Trainees

- ☐ Dental Assistant Trainee application mailed to Board office within 7 days of employment
- ☐ Verification of Dental Assistant Trainee Status form received from Board office (Post this form in your dental office. This form is also REQUIRED to sit for the exams.)
- ☐ Study the Dental Assistant Trainee Manual – the manual and exams must be completed within 12 months of employment.
- ☐ If you also want to be able to take x-rays: Study the radiography portion of this manual and train for dental radiography under the supervision of a dentist. You must be 18 years of age to train in radiography.
- ☐ Schedule the infection control, jurisprudence, and radiography exams (allow 10 days for scheduling).
- ☐ Successfully complete Board infection control exam or Dental Assisting National Board Infection Control Examination within 12 months of employment.
- ☐ Successfully complete jurisprudence exam within 12 months of employment.
- ☐ Successfully complete Board radiography exam, or Dental Assisting National Board Radiation Health and Safety exam, while on trainee status.
- ☐ Obtain certification in CPR within 12 months of employment (CPR must be taken from a nationally recognized provider. No special “level” or other type of CPR is required.).
- ☐ Apply for registration certificate and radiography qualification. This may be done a) prior to expiration of trainee status; b) if you are a graduate of a dental assisting program, you may apply after obtaining CPR and completing the exams; or c) once you have six months of dental assisting experience, you may also apply immediately after obtaining CPR and completing the exams. Previous dental assisting experience or out of state work will satisfy this last requirement if you have a total of six months of experience within the past two years.
- ☐ Be Advised! If you do not obtain your radiography qualification at the same time as your registration certificate, you will need to submit a separate application and fee once you have met the radiography requirements. If you trained in radiography while on trainee status, you must successfully complete the exam and apply for your certificate within two years. If you did not train in radiography while on trainee status or do not apply for your radiography qualification within two years, you will be required to complete a formal course of study (e.g. at a community college) and pass a radiography exam to obtain your qualification at a later date.
- ☐ IMPORTANT! *You cannot work as a dental assistant if trainee status has expired and you have not been issued registration status.*

Effective 7/01/2005

All application forms are available on the board website at  
[www.dentalboard.iowa.gov](http://www.dentalboard.iowa.gov).